


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90188 049 ****50.00

DOCUMENT # L00000008541	
1. Entity Name BIG INVESTMENT GROUP, LLC	

Principal Place of Business 539 N. OLEANDER AVE DAYTONA BEACH, FL 32118	Mailing Address 539 N. OLEANDER AVE DAYTONA BEACH, FL 32118
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20007380



2. Principal Place of Business 400 Seabreeze Blvd	3. Mailing Address 400 Seabreeze Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01172006 Chg-LLC CR2E083 (11/05)

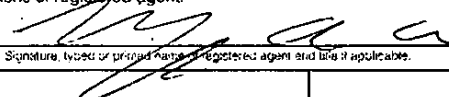
City & State Daytona Beach FL	City & State Daytona Beach FL
Zip 32118	Zip 32118
Country USA	Country USA

4. FEI Number 59-3660487	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRETZEL, MICHAEL 539 N. OLEANDER AVE. DAYTONA BEACH, FL 32118	7. Name and Address of New Registered Agent Name Michael Bretzel Street Address (P.O. Box Number is Not Acceptable) 400 Seabreeze Blvd City Daytona Beach FL Zip Code 32118
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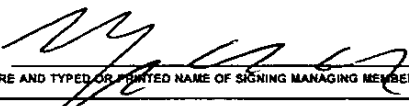
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRETZEL, MICHAEL 539 N. OLEANDER AVE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400 Seabreeze Blvd Daytona Beach FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	DATE	Copy to Florida #
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